East Kent Hospitals University NHS
NHS Foundation Trust

The temporary substitution of patient's usual sub-cutaneous insulin with Trust ward stock insulin.

The omission of long acting basal or intermediate insulin used as basal, can contribute to inpatient Diabetes Ketoacidosis (DKA) in both patients with Type 1 and Type 2 diabetes requiring insulin and occasionally Hyperosmolar Hyperglycaemic State (HHS) in patients with Type 2 on insulin.

Joint British Diabetes Society Guidelines (JBDS) Diabetes UK (DUK) recommend that the long-acting insulin is always administered, in any clinical scenario, especially if the patient has Type 1 diabetes as this will prevent the manifestation of Diabetes Ketoacidosis, help to resolve and prevent recurrence of Ketoacidosis for patients already admitted with DKA and generally assists with stabilising glycaemic control. Continuing long-acting basal or intermediate subcutaneous insulin is now considered best practice and is policy at EKHUFT.

There have been instances when the long-acting or intermediate insulin has been omitted due to the insulin being non-stock in a clinical area. Inpatient acquired DKA is considered a Diabetes HARM and should be Datixed.
ALL clinical staff prescribing, administering or dispensing insulin should be aware that sub-cut insulin can be temporarily substituted with an insulin in the same group providing the patient is not allergic. This would be a temporary substitute until the patient's usual insulin has been ordered and obtained from pharmacy. The ward stock insulins listed in Table 1 below are available on all 3 sites.
Please contact the inpatient Diabetes Team if you are concerned re: insulin doses. Doses can be reduced by 10-20% if concerned re: Hypoglycaemia. Substitute insulin should be a stat dose only prescribed on the stat side, ensure regular insulin is omitted on the chart for that dose. Substitute insulin is only to be used temporarily for 1-2 doses whilst waiting for patients regular insulin from Pharmacy. Document temporary insulin prescription as "substitute".

NB: Every attempt should be made to obtain the patient's usual insulin from the ward pharmacist in hours or from the emergency drug cupboard or on-call pharmacist before substitution out of hours. The use of a substitute should be highlighted to the ward pharmacist on the next working day.

Table 1: **Temporary Substitution of Insulin.**

WARD STOCK INSULIN ***Can be used as a temporary substitute with the same dose as the patient's usual insulin.*** ***Doses can be reduced by 10-20% if concerned re: Hypoglycaemia.*** ***Contact the inpatient diabetes team for advice.***	**Patients Usual insulin**
NovoRapid (Rapid acting meal time insulin)	Apidra Fiasp Humalog or Humalog 200 Insuman Rapid
Lantus (Long acting basal insulin)	Abasaglar (Glargine) Tresiba (Degludec) Levemir (Detemir) Toujeo 300
Humulin I (Intermediate insulin sometimes used as background)	Insulatard Insuman Basal
Humulin M3 (Pre-Mixed meal time insulin)	NovoMix 30 Humalog Mix 25 , 50 Insuman Combi 15, 25, 50 ***Dose adjusting may be required please contact the Diabetes Team.***